

Express Mail: EV 630723247 US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Serial No: to be assigned (National Phase Filing under 35 U.S.C. § 371 of PCT/EP2004/053342, international file date December 8, 2004)

Applicant: Paul VERMEIJ

Confirmation No: to be assigned

Filing: herewith

Group Art Unit: to be assigned

Examiner: to be assigned

For: Lawsonia Intracellularis 26 KD Subunit Vaccine

Attorney Docket: I-2003.023 US

May 25, 2006

**INFORMATION DISCLOSURE STATEMENT**  
**PURSUANT TO 37 CFR 1.97(b)**

**Mail Stop: PCT**  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir/Madam:

The attention of the Patent and Trademark Office is hereby directed to the documents listed on the attached Form PTO-SB-08A and PTO-SB-08B. These references were cited in the parent case. Copies of the cited references are enclosed.

No fee or certification is required in connection with this Information Disclosure Statement, since it is being submitted prior to the last of (1) issuance of a first official action on the merits and (2) expiration of the three month period following filing of the above-captioned application.

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National Stage of: PCT/EP2004/053342

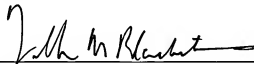
Appl. No. To be assigned  
Attorney Docket: I-2003.023 US  
Information Disclosure Statement

The above information is presented so that the Patent and Trademark Office can determine any materiality thereof to the claimed invention. It is respectfully requested that the information be considered during the prosecution of this application and that the cited documents be listed on the front page of any patent issuing from this application.

Applicants do not believe that any other fee is due in connection with this filing. If, however, Applicants do owe any such fee(s), the Commissioner is hereby authorized to charge the fee(s) to Deposit Account No. 02-2334. In addition, if there is ever any other fee deficiency or overpayment under 37 C.F.R. §1.16 or 1.17 in connection with this patent application, the Commissioner is hereby authorized to charge such deficiency or overpayment to Deposit Account No. 02-2334.

Applicants submit that this application is in condition for allowance, and request that it be allowed. The Examiner is requested to call the Undersigned if any issues arise that can be addressed over the phone to expedite examination of this application.

Respectfully submitted,



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